

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594100

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/			
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		3				
10		3				
11			1			
12			1			
13			1			
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TOTAL IND.	1		2			
TOTAL DEP.	13	←	8	←		←
TOTAL CLAIMS	14		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	←